



General Assembly

***Substitute Bill No. 353***

***February Session, 2016***

\* \_\_\_\_\_SB00353PH\_\_\_\_\_032216\_\_\_\_\_\*

***AN ACT CONCERNING OPIOID USE DISORDER.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. Section 17a-667 of the 2016 supplement to the general  
2       statutes is repealed and the following is substituted in lieu thereof  
3       (*Effective October 1, 2016*):

4       (a) There is established a Connecticut Alcohol and Drug Policy  
5       Council which shall be within the Department of Mental Health and  
6       Addiction Services.

7       (b) The council shall consist of the following members: (1) The  
8       Secretary of the Office of Policy and Management, or the secretary's  
9       designee; (2) the Commissioners of Children and Families, Consumer  
10      Protection, Correction, Education, Mental Health and Addiction  
11      Services, Public Health, Emergency Services and Public Protection and  
12      Social Services, Commissioner on Aging, and the Insurance  
13      Commissioner, or their designees; (3) the Chief Court Administrator,  
14      or the Chief Court Administrator's designee; (4) the chairperson of the  
15      Board of Regents for Higher Education, or the chairperson's designee;  
16      (5) the president of The University of Connecticut, or the president's  
17      designee; (6) the Chief State's Attorney, or the Chief State's Attorney's  
18      designee; (7) the Chief Public Defender, or the Chief Public Defender's  
19      designee; and (8) the cochairpersons and ranking members of the joint

20 standing committees of the General Assembly having cognizance of  
21 matters relating to public health, criminal justice and appropriations,  
22 or their designees. The Commissioner of Mental Health and Addiction  
23 Services and the Commissioner of Children and Families shall be  
24 cochairpersons of the council and may jointly appoint up to [seven]  
25 thirteen individuals to the council as follows: (A) Two individuals in  
26 recovery from a substance use disorder or representing an advocacy  
27 group for individuals with a substance use disorder; (B) a provider of  
28 community-based substance abuse services for adults; (C) a provider  
29 of community-based substance abuse services for adolescents; (D) an  
30 addiction medicine physician; (E) a family member of an individual in  
31 recovery from a substance use disorder; [and] (F) an emergency  
32 medicine physician currently practicing in a Connecticut hospital; (G)  
33 a licensed alcohol and drug counselor; (H) a pharmacist; (I) two  
34 municipal police chiefs; (J) an emergency medical technician, as  
35 defined in section 19a-197a; and (K) the executive director of the  
36 Health Assistance Intervention Education Network, or the executive  
37 director's designee.

38 (c) The council shall review policies and practices of state agencies  
39 and the Judicial Department concerning substance abuse treatment  
40 programs, substance abuse prevention services, the referral of persons  
41 to such programs and services, and criminal justice sanctions and  
42 programs and shall develop and coordinate a state-wide, interagency,  
43 integrated plan for such programs and services and criminal sanctions.  
44 In developing such plan, the council may consult with local, national  
45 and international experts on substance abuse and hold public forums  
46 to receive comments from members of the public. Such plan may  
47 include: (1) A strategy for providing information on, and referrals to,  
48 medication-assisted treatment at every location where opioid users are  
49 found in the health care system, criminal justice system, drug  
50 treatment programs and other places in the community; (2) overdose  
51 rescue strategies that include the use of opioid antagonists as a  
52 standard of care; (3) methods for safer drug prescribing and  
53 dispensing, including training and education of physicians, advanced

54 practice registered nurses, physician assistants and dentists concerning  
55 opioid prescribing; (4) recovery supports such as peer recovery  
56 services; (5) an evaluation of, and recommendations for, long-term  
57 recovery treatment services and facilities in the state; (6) development  
58 of an Internet web site that allows for community input, such as  
59 surveys, and offers information about opioid use disorder and a listing  
60 of available recovery treatment services offered in the state; and (7)  
61 development of a program to allow local police officers and emergency  
62 medical technicians to connect with persons in the community seeking  
63 recovery from addiction and to offer immediate help. Each component  
64 of the plan shall be evidence-based, data-driven, sustainable and  
65 responsive to changes in the nature of drug addiction and drug  
66 overdoses. The plan shall contain outcome-driven and measurable  
67 goals, including, but not limited to, a reduction in the number of  
68 opioid-induced deaths.

69 Sec. 2. Subsection (h) of section 20-206bb of the 2016 supplement to  
70 the general statutes is repealed and the following is substituted in lieu  
71 thereof (*Effective October 1, 2016*):

72 (h) Notwithstanding the provisions of subsection (a) of this section,  
73 any person certified by an organization approved by the  
74 Commissioner of Public Health may practice auricular acupuncture for  
75 the treatment of alcohol and drug abuse, provided the treatment is  
76 performed under the supervision of a physician licensed under chapter  
77 370. [and is performed in either (1) a private freestanding facility  
78 licensed by the Department of Public Health for the care or treatment  
79 of substance abusive or dependent persons, or (2) a setting operated by  
80 the Department of Mental Health and Addiction Services.] The  
81 Commissioner of Public Health shall adopt regulations, in accordance  
82 with the provisions of chapter 54, to ensure the safe provision of  
83 auricular acupuncture [within private freestanding facilities licensed  
84 by the Department of Public Health for the care or treatment of  
85 substance abusive or dependent persons] for the treatment of alcohol  
86 and drug abuse.

87       Sec. 3. (NEW) (*Effective October 1, 2016*) (a) For purposes of this  
 88 section, "primary care provider" means a physician licensed under  
 89 chapter 370 of the general statutes, an advanced practice registered  
 90 nurse licensed under chapter 378 of the general statutes or a physician  
 91 assistant licensed under chapter 370 of the general statutes.

92       (b) Any primary care provider may (1) refer a patient to a licensed  
 93 alcohol and drug counselor licensed under chapter 376b of the general  
 94 statutes for an assessment of opioid abuse or intervention for the  
 95 prevention of opioid abuse, or (2) prescribe an opioid to a patient  
 96 conditioned on the patient's agreement to accept a referral to a licensed  
 97 alcohol and drug counselor.

98       Sec. 4. (NEW) (*Effective October 1, 2016*) Any licensed alcohol and  
 99 drug counselor licensed under chapter 376b of the general statutes  
 100 may: (1) Conduct a substance use disorder screening or psychosocial  
 101 history evaluation of a patient to document the patient's use of drugs  
 102 prescribed for pain, other prescribed drugs, illegal drugs and alcohol  
 103 to determine the patient's risk for substance abuse; (2) develop a  
 104 preliminary diagnosis for the patient based on such screening or  
 105 evaluation; (3) determine the patient's risk for abuse of prescribed  
 106 drugs and, if needed, develop a treatment plan and referral options for  
 107 the patient; (4) take such action after providing services to a patient to  
 108 ensure the patient has received the recommended services and  
 109 treatment and that the patient's recovery support needs are being met;  
 110 or (5) submit an opioid use consultation report to a patient's primary  
 111 care provider, as defined in section 3 of this act, to be reviewed by the  
 112 primary care provider and included in the patient's medical record.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2016</i>	17a-667
Sec. 2	<i>October 1, 2016</i>	20-206bb(h)
Sec. 3	<i>October 1, 2016</i>	New section
Sec. 4	<i>October 1, 2016</i>	New section

***Statement of Legislative Commissioners:***

In Section 1(c)(6), "recovery services" was changed to "recovery treatment services" for internal consistency; in Section 1(c)(7), "persons seeking recovery from addiction in the community" was changed to "persons in the community seeking recovery from addiction" for clarity; and in Section 4(1), "substance abuse disorder" was changed to "substance use disorder" for statutory consistency.

***PH***        *Joint Favorable Subst.*